

**LICENSED EDUCATIONAL PSYCHOLOGIST
APPLICATION PACKET**

1800 37A-507 (REV. 12/05)

Dear Applicant:

Thank you for your interest in becoming a California Licensed Educational Psychologist. Included in this packet are:

1. Instructions for Completing the Application
2. Important Live Scan Information and Instruction
3. Request for Live Scan Service Form
3. Application for State License as an Educational Psychologist
4. Educational Psychologist Experience Verification forms
5. Examination Security Notice
6. Photographs Form
7. Personal Data Card

BOARD OF BEHAVIORAL SCIENCES

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR STATE LICENSE AS AN EDUCATIONAL PSYCHOLOGIST

Submit a completed application to:

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

- ☐ APPLICATION: Complete all sections. The application must be signed.
- ☐ ONE PHOTOGRAPH: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. The photograph should be affixed to the enclosed Photographs Form.
- ☐ PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.
- ☐ EXAMINATION SECURITY NOTICE: The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.
- ☐ FEE:
 - a. Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and \$100.00 written examination fee. The \$100.00 application fee is an **earned fee** for evaluation of your application and is **NOT REFUNDABLE**.
 - b. Once you successfully pass the written examination, you will be required to submit a Request for Initial License with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ VERIFICATION OF EDUCATION:
 - a. Official transcript(s) verifying your master's degree and completion of a minimum of 60 semester hours of postgraduate work (after bachelor's degree) in pupil personnel services. (Sections 4986.20(a) and (d), Business and Professions Code). OFFICIAL TRANSCRIPT(S) verifying your education should be sent to you in a SEALED ENVELOPE from the educational institution(s) you attended. Enclose the sealed envelope(s) with your application.
 - b. Copy of the original State Pupil Personnel Credential showing specialization in school psychology. Copies must be submitted to provide information as to original issuance and current expiration dates. If out-of-state experience is claimed, a copy of your original out-of-state credential must be submitted. (Section 4986.20(d), Business and Professions Code).
- ☐ EXPERIENCE VERIFICATION FORMS: Experience verification form(s) must have the original signature of the verifying party. The experience verification form may be reproduced if additional forms are needed.
 - a. Verification of three years of full-time experience as a credentialed school psychologist in the public schools or equivalent experience.
 - b. Verification of a minimum of one year of supervised professional experience in an accredited school psychology program or under the direction of a licensed psychologist, or a suitable alternative experience equivalent to one year of supervised professional experience in an accredited school psychology program.
- ☐ DOCUMENTS AND/OR LETTERS EXPLAINING PRIOR CONVICTION(S) AND/OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

I. INFORMATION:

1. GENERAL:

All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

2. EXAMINATION:

The electronic administration of the LEP written exam implemented on April 1, 1999, is facilitated and coordinated by the Department of Consumer Affairs Office of Examination Resources. The maximum amount of time needed for evaluation of an Application for State License and clearance of fees and fingerprint cards is 90 days. Applicants will be sent a notice of eligibility for examination or notice of application deficiency within 90 days following the Board's receipt of a completed application and accompanying documentation. Written examinations contain objective multiple choice questions and are given in various locations throughout California. It is the responsibility of the applicant to call the test administrator and arrange a time and place to take the examination. *(Further information regarding the written examination is provided in the LEP written exam Candidate Handbook, which applicants receive with their "Notice of Eligibility").*

3. REQUESTS FOR ACCOMMODATION:

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

4. ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Profession Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

5. ABANDONMENT OF LICENSURE APPLICATION:

Title 16, California Code of Regulations Section 1806 provides that an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; or the applicant fails to sit for examination within one (1) year after being notified of eligibility; the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.

6. LAWS AND REGULATIONS:

To obtain a copy of the *Laws and Regulations*, **please submit a written request to the Board** (type or print clearly your name and address), or **you may download the information from our web site.**

7. **DUPLICATION OF BOARD FORMS:**

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial, which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.

b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

- ☐ 4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4986.20, 4986.40, 4986.70 and Article 5 of Chapter 13 (commencing with section 4986), and Title 16 of California Code of Regulations Sections 1805, 1806, 1855, 1856, 1857 and 1858. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board of Behavioral Sciences at 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, (916) 574-7830 or email BBSWebMaster@bbs.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or email privacy@dca.ca.gov.



BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834
TELEPHONE: (916) 574-7830 TDD: (916) 322-1700
WEB SITE ADDRESS: <http://www.bbs.ca.gov>



APPLICANT LIVE SCAN

*The Board of Behavioral Sciences now utilizes Applicant Live Scan for its fingerprinting services. This service will enable the Board to process applications more efficiently by reducing response times from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). As a result, your application packet does not contain a fingerprint card and you are to disregard the information contained in the instructions relating to fingerprint card submission. **Do not submit fingerprint fees to the Board.** Submit application and/or examination fees only.*

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

1. **Forms & Instructions:** A Request for Live Scan Service – *Applicant Submission* form [BCII 8016 (10-98)] and the instructions on how to complete the form will be mailed to you once your application for registration or licensure has been received.
2. **Live Scan Services:** A list of the locations and business hours for the sites that offer Live Scan services is available at <http://caag.state.ca.us/app/livescan.htm>, or you may contact your local Police Department, Sheriff Department, or school district. You are strongly encouraged to call the Live Scan service site to determine if an appointment for fingerprinting is required.
3. **Payment:** The live scan agency will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00, and for FBI \$24.00. Please check with the Live Scan service site to determine additional fees charged for “rolling” prints and/or administrative processing. DO NOT submit fingerprint processing fees to the Board. ALL APPLICANTS MUST HAVE THEIR FINGERPRINTS PROCESSED THROUGH DOJ AND FBI.
4. **Issuance of Registration or License:** Registrations and licenses will only be issued if there is a clearance of the fingerprint requirement. This means the fingerprint result provided by DOJ and/or FBI indicated no criminal conviction(s), or the criminal conviction(s) provided to the Board has been evaluated and cleared by appropriate Board staff.
5. **Fingerprint Processing Timeframe:** The response time for Live Scan processing through DOJ is approximately 14 days, and FBI is approximately 30 days, for those with “no record.” Expect delayed processing times for those with a “criminal history.”

If you have any questions, you may contact the Board at (916) 574-7830.

BOARD OF BEHAVIORAL SCIENCES
(10/02)



BOARD OF BEHAVIORAL SCIENCES
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone (916) 574-7830
TDD (916) 322-1700
Website Address: <http://www.bbs.ca.gov>



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

I. FINGERPRINT REQUIREMENTS

All applicants are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

A LICENSE OR REGISTRATION WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ. However, the Board will not delay licensure or registration while awaiting the FBI reports. If the FBI subsequently reports a conviction, the Board may take disciplinary action against the license if the conviction is subsequently related to the licensee's scope of practice or for failure to disclose the conviction on the application.

Fingerprint Fees

DOJ FINGERPRINT PROCESSING FEE \$32.00
FBI FINGERPRINT PROCESSING FEE \$24.00

The Live Scan agency will collect the fingerprint processing fees directly from the applicant at the time you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE SECOND COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the third copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://caag.state.ca.us/app/livescan.htm>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present a valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items, which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1: Job Title or Type of License, Certification or Permit- Place an "X" in the box next to the registration/license type for which you are applying. For Intern Registration and Marriage and Family Therapy Licensure place an "X" in the box next to License Marriage and Family Therapist. For Associate Registration and Clinical Social Worker Licensure place an "X" in the box next to Licensed Clinical Social Worker.

Box 2: No action required.

Box 3:

Name of Applicant- Enter your full name, identical to that submitted on your application

AKA's- Indicate all other names used

DOB- Indicate your month/day/year of birth

Sex- Place "X" in the appropriate box

HT- Indicate your height in feet and inches using a three-digit code (first digit=feet, second and third digits=inches)

EXAMPLE: 5 feet 9 inches = 509

WT- Indicate your weight in pounds

Eye Color- Indicate eye color abbreviation:

BLK - Black

GRY - Gray

MAR - Maroon

BLU - Blue

GRN - Green

PNK - Pink

BRO - Brown

HAZ - Hazel

MUL - Multicolor

Hair Color- Indicate hair color abbreviation:

BAL - Bald

BRO - Brown

SDY - Sandy

BLK - Black

GRY - Gray

WHI - White

BLN - Blonde

RED - Red

POB- Indicate the state or country of birth

SOC- Enter your social security number

CDL- Enter your California Driver's license number

Box 4:

If resubmission, list Original ATI No. provided on the reject notification to avoid paying an additional processing fee.

Box 5: No action required

Box 6: To be completed by the Live Scan operator

REMEMBER, THE SECOND COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: AO462 Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name

Street No.

Mail Code (assigned by DOJ)

City State Zip

Agency Telephone No.

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

BCII 8016 **ORIGINAL** Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY – Applicant

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: **AO462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Mail Code (assigned by DOJ) _____

City _____ State _____ Zip _____ Agency Telephone No. _____

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

BCII 8016 ORIGINAL- Live Scan Operator **SECOND COPY**- Requesting Agency THIRD COPY – Applicant

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: **A0462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip _____

Agency Telephone No. _____

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

BCII 8016 ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency **THIRD COPY** – Applicant

**APPLICATION FOR STATE LICENSE AS AN
EDUCATIONAL PSYCHOLOGIST**

1800 37A-500 (REV. 12/05)

For Office Use Only:

Cashiering No.

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

(Please type or print clearly in ink)

1. LEGAL NAME: * Last First Middle

Maiden name and any other AKA

2. ADDRESS OF RECORD:** Number and Street

City State Zip Code

3. BUSINESS TELEPHONE:

4. RESIDENCE TELEPHONE:

5. BIRTH DATE: mo/day/yr

6. SOCIAL SECURITY NUMBER:***

7. SEX:

8. EDUCATION: (Qualifying Degree)

9. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

10. OTHER POST GRADUATE EDUCATION:

NAME OF INSTITUTION	COURSE OF STUDY	DEGREE	DATE AWARDED

11. PROFESSIONAL LICENSES AND/OR CERTIFICATIONS HELD:

PROFESSIONAL LICENSE OR CERTIFICATION	LICENSE NUMBER	STATE ISSUING LICENSE	DATE ISSUED

12. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

13. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Date

Signature of Applicant

*Business and Professions Code section 498 gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.

***Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you

**CREDENTIALLED SCHOOL PSYCHOLOGIST
EXPERIENCE VERIFICATION**

1800 37A-501 (REV. 12/05)

*Please type or print in ink. No erasures or corrections may be made. If any error has been made, complete a new form. Make certain the form is complete and correct. **This form is to be submitted by the applicant with his or her application for licensure.***

I, _____, of _____
Number and Street

_____ have personally known
City State Zip Code

Applicant

who has made application to the Board of Behavioral Sciences of the State of California for a license as an educational psychologist, and have personal knowledge that said applicant was employed in the public school system as a **credentialed school psychologist**.

Name of applicant's employer: _____

Dates of applicant's employment: From _____ To _____

Position occupied by applicant: _____

Number of hours worked per week: _____

Describe duties performed by applicant *(use reverse side if necessary)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

Title

Telephone Number

**SUPERVISED PROFESSIONAL EXPERIENCE
VERIFICATION/EQUIVALENT EXPERIENCE**

1800 37A-502 (REV. 12/05)

*Please type or print in ink. No erasures or corrections may be made. If any error has been made, complete a new form. Make certain the form is complete and correct. **This form is to be submitted by the applicant with his or her application for licensure.***

The following information is provided concerning:

Applicant

who has made application to the Board of Behavioral Sciences of the State of California for a license as an educational psychologist. I am the supervisor of _____ and have personal knowledge that said applicant has had **supervised professional experience**.

Name of applicant's employer: _____

Address: _____

Dates of applicant's employment: From _____ To _____

Total number of hours worked per week: _____

Name & Title of applicant's **immediate** supervisor: _____

Was this experience gained in an accredited school psychology program? NO ☐ YES ☐

If Yes, list course title(s): _____

If No, was immediate supervisor licensed as a psychologist or educational psychologist? NO ☐ YES ☐

If Yes,

Type of License

License Number

State of License

Date Issued

Describe duties performed by applicant (*use reverse side if necessary*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

Title

Telephone Number

EXAMINATION SECURITY NOTICE

1800 37A-640 (REV. 12/05)

1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834

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California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

"It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination..."

Conduct that subverts or attempts to subvert a licensing examination includes:

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one's behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

LICENSE APPLICATION TYPE LCSW ☐ MFT ☐ LEP ☐

CANDIDATE'S NAME (print) _____

DATE OF BIRTH _____

CANDIDATE'S SIGNATURE _____ DATE _____

PHOTOGRAPHS

1800 37M-468 (REV. 12/05)

Complete and submit this form. Please type or print clearly in ink. Attach the photograph(s) to the spot(s) indicated below.

TYPE OF APPLICATION FILING:

- a. Registration as an Associate Clinical Social Worker
- b. Registration as a Marriage and Family Therapist Intern
- c. State License as a Licensed Clinical Social Worker
- d. State License as a Marriage and Family Therapist
- e. State License as an Educational Psychologist

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

NAME (as it appears on license or registration)		SOCIAL SECURITY NUMBER		
ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE ()		RESIDENCE TELEPHONE ()		

PHOTOGRAPH(S):

Attach **ONE** 2" x 2" photograph
taken of you within the last 60 days.

(Head and Shoulders Only)



I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Applicant

The Board of Behavioral Sciences does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA Coordinator.

Receipt No.	Regis. No.	TYPE OR PRINT
		NAME _____ (LAST) (FIRST) (MIDDLE)
		ADDRESS _____ _____
		(CITY) (STATE) (ZIP)
Date Received		SOCIAL SECURITY #:
		DATE OF BIRTH:
		personal data card STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES
		THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u>